

EXHIBIT 10-D

HOME PROGRAM ONSITE INSPECTION FORM										
HOME Staff Completing Form:								Date:		
Project Name:					Project Grantee:					
Project Address:										
1. Has there been a change of ownership? Yes <input type="checkbox"/> No <input type="checkbox"/>										
If Yes, who is the current owner?										
2. Is the project in a designated 100-year floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If yes, is the property insured through the National Flood Insurance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No										
3. Total number of units in project:					4. Number of HOME units in project:					
5. What is the rent standard? <input type="checkbox"/> HOME Rent Limits <input type="checkbox"/> 30% of the tenant's monthly adjusted income										
TENANT INFORMATION - Review Tenant Files for 15% of the HOME Units										
Unit Number or Address	Date of Last Income Cert	Date of Last HQS Inspection	Number of		Annual Gross Income*	Monthly Adjusted Income**	Tenant Rent	Subsidy	Utility Allowance	Total Rent
			Bedrooms	Household Members			A	+ B	+ C	
										\$ -
										\$ -
										\$ -
										\$ -
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6. Do tenant files contain income certifications for the previous 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			COMMENTS							
Are the income certifications correct and complete? <input type="checkbox"/> Yes <input type="checkbox"/> No										
7. Was tenant income re-examined within the last six years using source documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No										
8. For projects requiring a lease: a. Provides for 30-day notice of termination? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Contains no prohibited terms? <input type="checkbox"/> Yes <input type="checkbox"/> No										

TENANT SELECTION/MARKETING			
9. Maintains and follows an approved tenant selection policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		COMMENTS <i>Manager has a copy of the approved management plan and indicated that the plan is followed.</i>	
10. Fair Housing Poster is displayed in a public area? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Poster (with EHO logo) is displayed in lobby.</i>	
11. For projects with 5+ HOME units: a. Does the project have an approved Affirmative Fair Housing Marketing (AFHM) Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is there documentation showing that the organizations in the AFHM Plan are contacted yearly? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Is race/ethnicity data collected and maintained for all applicants to this project? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Do all public advertisements contain the Equal Housing Opportunity logo? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Property Manager maintains a copy of the AFHM Plan, approved by HOME in 2002. Property Manager keeps an affirmative Fair Housing Marketing file. File contained copies of outreach to organizations listed in AFHM Plan (letters, emails, brochures with EHO logo) and data on tenant race/ethnicity (may also be maintained electronically).</i>	
CONDITION OF HOME ASSISTED UNITS - Inspect 15% of the HOME Units			
12. Are there any HOME-assisted units in the building that require repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe their condition:</i>			
13. Are there any vacant HOME units? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe their condition:</i>			
14. Have HQS inspections been completed for each unit within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do they appear to be complete and accurate?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Inspector:</i>		<i>Date:</i>	
15. Are there any areas on the inside or outside of the building that require repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>			

PROPERTY INSPECTION CHECKLIST		
EXTERIOR:		COMMENTS
Exterior walls & foundations	Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Roof, flashing, vents	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Gutters, down spouts, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Drives, parking, paving	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Walks, steps, guardrails	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Fences, walls, gates	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Porches, balconies, fire escapes	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Doors, windows, screens	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Accessory buildings	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Landscaping	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Sprinkler/drainage system	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Exterior lighting	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Security systems	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Project signs	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Other:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
INTERIOR:		COMMENTS
Floors, carpets, tiles	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Stairs, hallways, common areas	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Cabinets, doors, closets, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Painting	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Curtains & shades	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Refrigerators & ranges	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Garbage disposal & exhaust fan	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Electrical fixtures & systems	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Plumbing fixtures & systems	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Heating & air conditioning	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Rental office	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Laundry room(s)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Storage room(s)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Mechanical room(s)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Elevator(s)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Exterminating	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Fire extinguishers	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Smoke Alarms	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	
Other:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Inspected <input type="checkbox"/>	